

Name in Full

Certificate of Death

7

MARYLAND

*A infant*  
 Died at *islesboro* *Colchester*  
 Town County  
 Date 19 *02* *May* *5* Age *0* *0* *1* *Colchester*  
 Month Day Y. M. D. Native of Occupation  
 Male *White* *Married* Widow Divorced  
 Female *Colored* Single Widower *Number of children living*

Husband of  
 Wife  
 Father's Name *Dexter Bowser* Mother's Maiden Name *Annice Howe*  
 Cause of Death { Primary *infection* Immediate  
 How long sick  
 Accident, Suicide, Homicide

Reported by *John J Brooks* *151*  
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608



Died at *Adelphia* *Infant*  
 Town *Adelphia* County *Calvert* MARYLAND  
 Date 19 *02* Month *May* Day *15* Age *7* Y. *X* M. *7* D. *7*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of  
Wife

Father's Name *Jackson Brockman* Mother's Maiden Name *Allie Pieper*

Cause of Death { Primary *premature* Immediate *151* How long sick *from birth*  
 Accident, Suicide, Homicide

Reported by *W H Hutchins*

Address *Adelphia Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rosie E Curtis

Died at <sup>Town</sup> Adeline <sup>County</sup> Calvert MARYLAND

Date 1902 <sup>Month</sup> May <sup>Day</sup> 28 <sup>Age</sup> 29 <sup>Y</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Calvert <sup>Occupation</sup> housekeeper

<sup>Male</sup> <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>

<sup>Female</sup> <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helbert Gault

Town

County

Calvert

MARYLAND

Died at

Willow

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 17

Age

5

Md.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Horton Gault

Mother's

Maiden Name

Jennie Armand

Cause of

Primary

Convulsions

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. W. Litch

M.D.

Address

Huntington



Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name in Full

Certificate of Death

Name in Full *Mrs. Wesley Gross*  
 Town  *Huntingtown*  County  *Calvert*  MARYLAND  
 Died at  *Huntingtown*   
 Date  *1902*  Month  *May*  Day  *2*  Y.  *30*  M.  D.  Native of  *Md*  Occupation  *Farmer*   
 Date  *189*  Male  Female  ~~White~~  Colored  Married  Single  Widow  ~~Widower~~  Divorced  Number of children living  *5*

Husband of  *Amelia Gross*   
 Wife   
 Father's Name  *John Gross*  Mother's Name  *Hannah Gross*   
 Cause of Death { Primary  *Acute Military Tuberculosis*  Immediate  *Exhaustion*  How long sick  *2 months*   
 Accident, Suicide, Homicide

Reported by  *W. Peitch*   
 Address  *Huntingtown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mitchell Malvina Hagelin

Town

County

MARYLAND

Died at

Oliver

Calvert

Date 19

02

Month

Day

May 23

Age

Y.

M.

D.

- 36

Native of

Md

Occupation

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Chas. C. Hagelin

Malvina D. Wilks

Cause of

Primary

Pertussis

How long sick

3 weeks

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Geo. S. Chambers M.D.

Address

Bertha

Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Edward H. Inland

Town

County

Died at

Parran

Calvert

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 3

Age

71. 10.

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Elizabeth E. Gilson

Mother's

Thos. H. Inland

Maiden Name

Rebecca M. Wilson

Cause of

Primary

Scurful Heat dis.

How long sick

Died suddenly

Death

Immediate

Attack Angina Pectoris

Accident, Suicide, Homicide

Reported by

J. W. Leitch

M.D.

79

Address

Huntingtown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isaac Johnson

18

Died at

Town  
Hollandsville

County  
Calvert

MARYLAND

Date 19

Month Day  
02 May 30

Age

Y. M. D.  
55

Native of

Calvert

Occupation

Farmer

Male

Married

Widow

Deceased

Female

Colored

Single

Widower

Number of children living

one

Husband of

Jane Johnson

Wife

Father's

Name

John Johnson

Mother's

Widow Marie

Harriet Gross

Cause of

Primary

Dropsy of heart

How long sick

5 weeks

Death

Immediate

Heart failure of some

Accident, Suicide, Homicide

Reported by

John O. Johnson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

6

Mrs. C. B. Pardoe

Town

County

MARYLAND

Died at

Bromley Island, Calvert.

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902 May 3-

Age

34.00

Calvert.

Housewife.

White

Married

Widow

Burmah

Female

Male

Widower

Number of children living

3.

Wife of

H. B. Pardoe

Wife

Father's

Name

Albert Perry.

Mother's

Name

Cause of

Primary

Consumption

How long sick

2 mths.

Death

Immediate

Local obstruction

Accident, Suicide, Homicide

Reported by

P. Briscoe M.D.

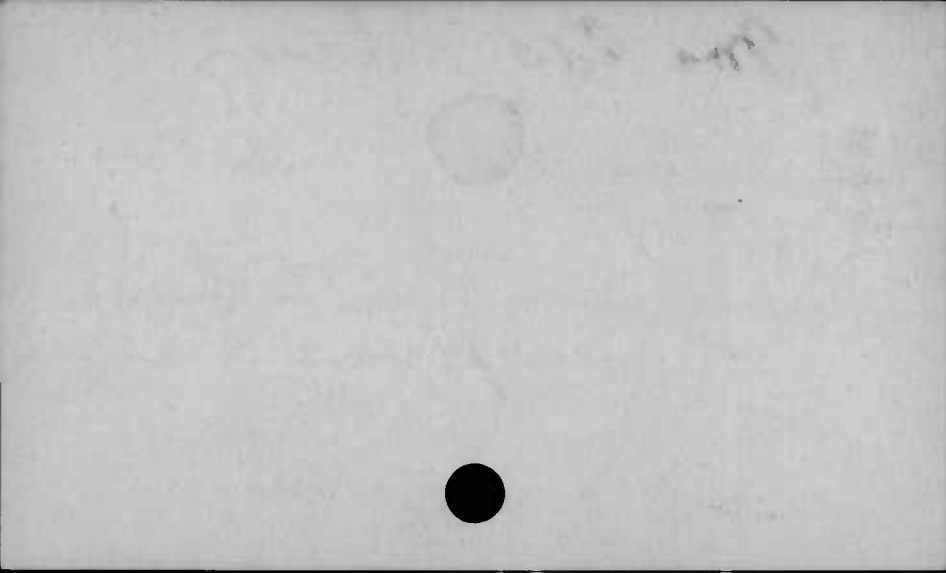
Address

Calvert Co.



Mutual Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



### Certificate of Death

Died at <sup>Town</sup> *Dares* <sup>County</sup> *Calvert.* MARYLAND

Date		Month	Day	Y.	M.	D.	Native of		Occupation
19	02	May	5	2	9	-	Culmet		
Male		White		Married		Widow		Divorced	
<del>Female</del>		<del>Colored</del>		Single		Widower		Number of children living 0	

Husband of  
Wife

Father's Name Windsford Robstar Mother's Maiden Name Anne, M. Grison

Cause of	Primary	adenoid Parynx	Hổ long sick 6 Wk/Co
Death	Immediate	acute Laryngitis	<del>Accident, Suicide, Homicide</del>

Reported by J. Fischer MA

~~Address~~ *Linnell Rd*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Gracie Ann Smothers

Town

County

Died at

Olivet

Calvert

MARYLAND

Date

1902

Month

5

Day

11

Y.

1

M.

-

D.

2

Native of

Maryland

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Smother

Mother's

Name

Marion Brooks

Cause of

Primary

Whooping Cough

How long sick

11 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Jas L. Gucker

Undertaker

Address

Cove Point

Calvert Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

2011-11-11



Name in Full

Certificate of Death

*Mr Brooker Wallace*  
 Died at *St Michaels* Town *Calvert* County *MARYLAND*

Date 19*12* Month *May* Day *19* Y. *4* M. *4* D. *4* Native of *Barto* Occupation *\_\_\_\_\_*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living *\_\_\_\_\_*

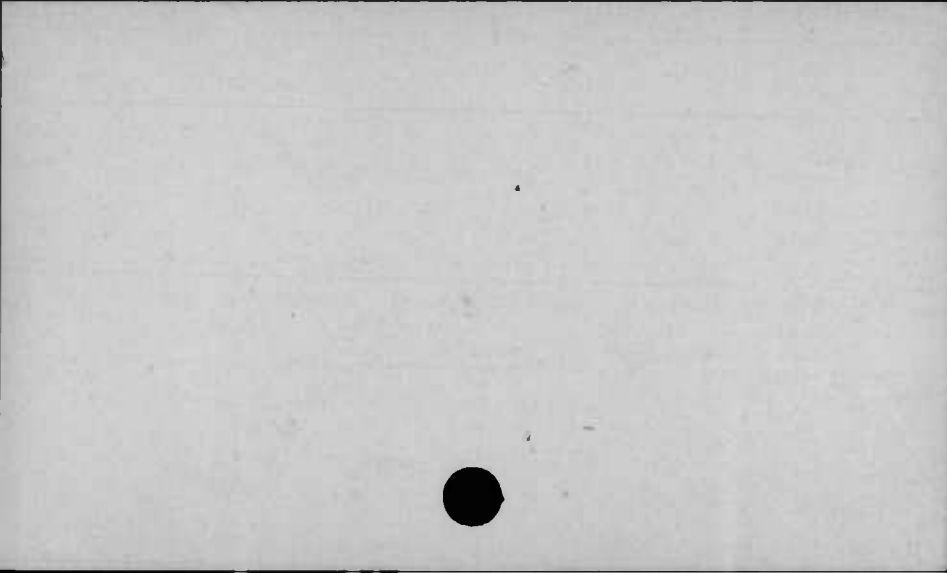
Husband of  
 Wife

Father's Name *Harry Parker* Mother's Name *Elna Wallace*  
 Maiden Name *105*

Cause of Death { Primary *Sublety* Immediate *Cholera Infantis* } How long sick *2 days*  
 Accident, Suicide, Homicide

Reported by *Charles H. Wallace*  
 Address *St Michaels Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Viola Virginia Watts

Town

County

MARYLAND

Died at

1902  
Date 189

Month Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

THIRTY-THREE



Harry Wood

Town

County

Died at *Brown**Calvert*

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
2	May	6	37			Maryland	Salor
Male	White	Married	Widow			Divorced	
Female	Colored	Single	Widower			Number of children living	1

Husband of *Eliza Hammett*Father's Name *E F Wood*Mother's Name *Elizabeth Wood*Cause of Death { Primary *Consumption*

Death { Immediate

How long sick *6 months*

Accident, Suicide, Homicide

Reported by *W B Stafford*Address *Brown Calvert*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from Family of \_\_\_\_\_  
of Deceased